

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 OCT -3 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000030751**

1. Corporation Name

*American Realty and Management of ~~Inc~~, Inc  
Jacksonville, Inc*

2. Principal Office Address

*310 W 8<sup>th</sup> Street*

Suite, Apt. #, etc.

City & State

*Jacksonville, Florida*

Zip

*32206*

Country

*US*

3. Mailing Office Address

*310 W 8<sup>th</sup> Street*

Suite, Apt. #, etc.

City & State

*Jacksonville, Florida*

Zip

*32206*

Country

*US*

**REINSTATEMENT 03-06**

**700080385917**

10/03/06--01021--014 \*\*750.00

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

*2002*

5. FEI Number

*01-0682129*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

*Theresa Bruynke*

Street Address (P.O. Box Number is Not Acceptable)

*310 W 8<sup>th</sup> Street*

Suite, Apt. #, Etc.

City

*Jacksonville*

State

**FL**

Zip Code

*32206*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

*Theresa Bruynke*

Date

*9/13/06*

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>PRV/HJS</i>	<i>Theresa Bruynke</i>	<i>310 W 8<sup>th</sup> St.</i>	<i>Jacksonville FL 32206</i>
	<i>8/10/14</i>		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Theresa Bruynke*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*9/13/06*

Daytime Phone #

*9043558883*

# AMERICAN REALTY & MANAGEMENT

OF JACKSONVILLE, INC.

310 West 8<sup>th</sup> Street

Jacksonville, Florida 32206

(904) 355-8883

(904) 355-8874 FAX

<b>Send to: Division of Corp.</b>	<b>From: Theresa Brunke</b>
Attention:	Date: 9/13/06
Office Location:	Office Location:
Fax Number:	Phone Number: 355-8883

- ☐ Urgent
- ☐ Reply ASAP
- ☐ Please comment
- ☐ Please Review
- ☐ For your Information

Total pages, including cover:

RE: Corporation Reinstatement

We have problems with our mailing being delivered properly. We have also had problems with our mailbox being broken in to. Sometimes our mail is not delivered to us. Please allow us to pay to reinstate the corporation from 2002-2006 for a total of \$750.

Please let us know if you have any questions.

Sincerely,

Theresa Brunke

American Realty  
310 W. 8<sup>th</sup> St.  
Jacksonville, FL. 32206  
904-355-8883  
Fax-904-355-8874

*We have never  
received our  
Annual report notice  
2002-2003*